

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northum
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9:41

DOCUMENT # 698991 (7)

1. Corporation Name

ADVANCE DRIVELINE, INC.

Principal Place of Business

**4443 CORDER ROAD
ORLANDO FL 32810**

Mailing Address

**4443 CORDER ROAD
ORLANDO FL 32810**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1981

3a. Date of Last Report

04/12/1994

4. FID Number

59-2130714

Accepted For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # etc

State Apt # etc

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDOWELL, JAMES
1762 FAIRVIEW SHORES
ORLANDO FL 32804**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person named as registered agent on this page (2a)

Signature of Registered Agent (signature required after 5/1/95)

(3a)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

**PTD
MCDOWELL, JAMES
1762 FAIRVIEW SHORES
ORLANDO FL**

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

**S
MCDOWELL, LINDA F.
407-211-2817 1415 LAKE SHORE DR.
CASSELBERRY FL**

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

13.4

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

13.5

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

13.6

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

12.7

NAME

STREET ADDRESS

CITY, ST, ZIP

13.7

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature (and filing this report) after 5/1/95 is made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

James J. McDowell **LINDA F. MCDOWELL**

6-24-95

407-211-2817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR